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CONFIRMATION NO. 1835

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| <b>SERIAL NUMBER</b><br>10/692,971 | <b>FILING OR 371(c) DATE</b><br>10/24/2003<br><b>RULE</b> | <b>CLASS</b><br>102 | <b>GROUP ART UNIT</b><br>3641 | <b>ATTORNEY DOCKET NO.</b><br>024.0030 |
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## APPLICANTS

Mark A. Cleveland, Westminster, CA;

\*\* CONTINUING DATA \*\*\*\*\* *none*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
01/23/2004

|   |   |                               |                            |                           |                                |
|---|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>7 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>3 |
| Verified and Acknowledged                                   | Examiner's Signature <i>[Signature]</i> Initials  |                               |                            |                           |                                |

## ADDRESS

29906

## TITLE

LOW SHOCK SEPARATION JOINT

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1170 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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